## Pacific Health Policy Group Contract 28001 - Task 11 Ad Hoc Section Task Order 001-A

Task Title	Review Eligibility, Coverage, Rate Setting and		
	Payment Policies for similar services billed across		
	Specialized Programs and DVHA		
Responsible Fiscal Party	DVHA		
Amount Requested for Approval	\$92,350		
Affiliate Number/Internal Financial			
Information			
Funding Source	HSE/MMIS/SPP Contract 28001 - Task 11 (Ad Hoc)		
<b>Effective Dates</b>	August 17, 2015 to July 31, 2016		
Project Manager (s)	Ashley Berliner		

## **1. Scope of Work to be performed:** PHPG will conduct policy analysis to support the State's activity in in two related areas:

- ➤ Planning for Integrated Mental Health and Health Care Services including assisting State staff in the creation of a Unified Mental Health Services Implementation Plan
- Reviewing Medicaid Eligibility, Coverage Policies and/or Payment Rates, where similar services are billed across multiple Specialized Programs and/or DVHA with unique rates or coverage policies

# **Task I. Coordination and Project Initiation:** PHPG anticipates coordination activities and ongoing involvement with State staff to include:

- Meetings with AHS/DVHA to determine priority services for review; order of review and target dates for policy briefs and program analysis based on Task 4 Final Report Information
- ➤ Meetings with DVHA/AHS/DMH staff and work groups to identify areas for PHPG analysis related to the State's integration of DVHA/DMH operations
- Meetings with SPP program staff to discuss unique aspects of their coverage and payment policies

#### Initial steps will include:

- ➤ Identification of key stakeholders to be included in this Task Order work
- ➤ Identification of State leads for coordination of work assignments and findings
- Participation in internal State meetings to identify issues and concerns and discuss emerging findings

# Task II. Planning for Integrated Mental Health and Health Care Services including assisting in the creation of a unified mental health services implementation plan.

A. Work with DMH and DVHA to identify criteria and data sources (provider types, claims type, dates of service, admin services, etc.) for creation of a longitudinal capacity, caseload, expenditure, and utilization analysis in categories identified by the legislature for 2017 budget presentation.

- Assist in the State's development of longitudinal analysis and 2017 budget presentation
- Assist with the identification of any known claims anomalies and/or policy issues related to longitudinal analysis (e.g., provider rate increase/decrease, legislative policy changes, Tropical Storm Irene, etc.)
- > Prepare materials as needed for internal AHS and/or legislative presentation
- B. Work with DVHA and DMH staff to identify all policy, fiscal and operational issues (staffing and IT) issues associated with the creation of a unified service and financial allocation for publicly funded mental health services as part of an integrated health care system. It is anticipated that the State will hold planning and implementation meetings at least monthly with separate work group meetings as needed based on topics identified by the State. PHPG staff will be available to
  - Participate in monthly meetings with identified staff to determine issues and concerns and review emerging findings
  - > Participate with the identification and staffing of topical work groups as needed
- C. Support the State to develop policy and operational analysis related to integrating public funding for direct mental health care services within the Department of Vermont Health Access while maintaining oversight functions and the data necessary to perform those functions within the department of appropriate jurisdiction. Policy and operational analysis may include such items as:
  - ➤ Impact on Global Commitment to Health Demonstration
    - o Special Terms and Conditions and Medicaid Managed Care model
    - DMH/DVHA finance and payment models for Specialized Program services at DMH (CRT and Enhanced Family Treatment Services) and the AHS Integrating Family Services Initiative
  - ➤ Coverage and payment policies where similar services are billed by both DVHA and DMH in alignment with Section III of this Task Order
  - ➤ Current DMH, DVHA and other AHS Legislative requirements to determine potential impact and/or changes needed such as: requirements under Act 264 for children; orders of non-hospitalization; emergency admissions and other adult psychiatric treatment authorizations
  - > DVHA/DMH Cost Allocation Plan considerations
  - > Staffing considerations across DVHA and DMH programs
  - ➤ Provider management issues, including:
    - o DA/SSA Designation process including annual and biennial quality oversight processes
    - o DA/SSA Master Grant Agreement negotiations
    - o DA/SSA MCO grievance and appeals
    - Maintaining DA/SSA provider capacity and network adequacy in all areas of the State
    - o Designated Hospital requirements and oversight processes
  - ➤ Potential Impacts on DVHA MMIS procurements
  - ➤ Performance Measurement Plans as contemplated by the legislature
- D. Assist State staff to identify model options to mitigate potential issues identified above such as:

- ➤ Short term and long term integration goals and objectives
- ➤ Identification of items that require legislative review and concurrence during the 2016 session, such as:
  - o Model Options
  - Legislative or APA Rule changes
  - Appropriations

E. Assist State staff with provider management and communications as requested, e.g., facilitating provider discussions, responding to community provider feedback and analyzing solutions related to provider concerns

# Task III. Review Medicaid Eligibility, Coverage Policies and/or Payment Rates, where similar services are billed across multiple Specialized Programs and DVHA with unique rates or coverage policies

- A. Using information collected in Task 2 and 4 and priorities established by the State, PHPG will conduct a policy analysis to clarify where these differences are based on the unique target populations and roles of the programs. Review will include identification of:
  - ➤ Enrollee Characteristics (target population, level of acuity, age, co-morbid conditions, exclusions/restrictions)
  - ➤ Provider Characteristics (credentials, special certifications, access requirements)
  - > Service Characteristics (ancillary service expectations, type, specialties, delivery model)
- B. Create clear and consistent documentation of payment policies including, where relevant, rate setting methodologies and legislative rules that pertain to Specialized Program and/or DVHA practices
- C. Identify areas that may benefit by aligning practices across programs. Considerations for policy alignment will include items such as:
  - Programs that share joint enrollees
  - Providers that serve the same person across multiple programs or deliver services in the same setting for multiple programs
  - ➤ Unique expectations related to enrollee, provider and/or service characteristics
  - Rate setting methodologies and reimbursement strategies that recognize the unique skill sets, certifications, and coverage and access expectations in each program

#### 2. Deliverables:

#### Task I

Meeting participation and project coordination as requested by the State

#### Task II

- ➤ Policy Briefs as requested by the State
- > Creation of presentation materials (e.g., Power Points) as requested by the State of Vermont for use with various audiences
- > Preparation, review and/or revision of written materials related to program policies
- Claims analysis such as: historic trends; financial modeling; provider type; service types and utilization trends and population based information
- > Participation in state meetings as requested

#### Task III

Documentation of current coverage and rate setting policies across programs with recommendations for alignment

### 3. Payment Provisions:

Payments will be based monthly for actual hours delivered not to exceed \$92,350 based on the following budget estimates:

Position	Rate	Estimated Hours	Total Fees
Directors	\$280	120	\$33,600
Senior Associates	\$250	235	\$58,750
Total		355	\$92,350

## **Approvals:**

Affiliate/Name	Signature	Date
Pacific Health Policy Group: Scott		
Wittman, Director		
HCEMMIC/CDD Loods Aghler		
HSE/MMIS/SPP Lead: Ashley		
Berliner		
DVHA Contract Manager: Susan		
Whitney		
Office of the Attorney General:		
Michael Barber, AAG		